

APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date::

Application Type::

Reissue

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

No

Number of copies of CRF::

Title ::

WIND POWER PLANT WITH A
TRANSFORMER FIXED TO THE TOWER

Attorney Docket Number::

970054.401RI

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

Total Drawing Sheets::

1

Small Entity?::

No

Petition included?::

No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?::

No

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Aloys
Middle Name::
Family Name:: Wobben
Name Suffix::
City of Residence:: Aurich
State or Province of Residence::
Country of Residence:: Germany
Street of mailing address:: Argestraße 19
City of mailing address:: Aurich
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: D-26607

Correspondence Information

Correspondence Customer Number :: **00500**

Representative Information

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|----------------------------------|--|--------------|
| Representative Customer Number:: | | 00500 |
|----------------------------------|--|--------------|

Domestic Priority Information

| Application :: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This Application | Reissue of | 09/647,857 | 11/22/00 |
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Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| Europe | PCT/EP99/02461 | 04/13/99 | Yes |
| Germany | DE 198 16 483.1 | 04/14/98 | Yes |
| | | | |

Assignee Information

| | |
|---|--|
| Assignee name:: | |
| Street of mailing address:: | |
| City of mailing address:: | |
| State or Province of mailing address:: | |
| Country of mailing address:: | |
| Postal or Zip Code of mailing address:: | |